

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **45043**

FILED JAN 9 1958

BIRTH NO. _____		REG. DIST. NO. <u>700</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Macon</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>322 Duff St.</u>				e. STREET ADDRESS (If rural, give location) <u>322 Duff St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>VALMERE</u>		b. (Middle) <u>SOPHIA</u>		c. (Last) <u>MILLER</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 21, 1973</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>84</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Missouri</u>	
13a. FATHER'S NAME <u>Frank A. Dessert</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Chisholm</u>		14. NAME OF HUSBAND OR WIFE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ahern</u>		ADDRESS <u>Calif.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abdominal Carcinomatosis</u> ANTECEDENT CAUSES <u>Primary Carcinoma of Gall Bladder</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>July 1957</u> , <u>Dec. 16</u> , 1957, that I last saw the deceased alive on <u>Dec. 16</u> , 1957, and that death occurred at <u>1:02</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Anna E. Campbell M.D. Macon Mo</u>		23b. ADDRESS		23c. DATE SIGNED <u>12/21/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/19/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1/4/58</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Lester Bram</u>		ADDRESS <u>Macon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 10 1958

VS MAY 28 1959

VS MAY 28 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address W. C. Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.